### FORM (RF-3)

### **SUMMARY SHEET**

	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois) *	Change (+or-) **	
1.	Automobile Liability Private			
	Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto	1,739,574	9.90%	
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity	-		
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
	Extended Coverage Inland Marine			
	Homeowners			
	Commercial Multi-Peril		<u></u>	
	Crop Hail	-		
	Other			
	Life of Insurance		-	
	Does filing only apply to certain to	erritory (territories) or certa	ain .	
	Classes? If so,			
	specify: This filing applies to all territories			
	territory definitions are based off of the auto territories and BI relativities, and appropriately adjusted for use.  Brief description of filing. (If filing follows rates of an advisory			
	Organization, specify	TOHOWS Tales of all advisor	у	
	organization): N/A		•	
	organization). <u>IVA</u>		-	
	*Adjusted to reflect all prior rate of **Change in Company's premium		n application of new rates.	
		AIG Property Casualty	y Company	
			ame of Company	
		Stefanie Colavito, Cor	· •	
			Official – Title	

### FORM (RF-3)

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2015 new, 5/1/2015 renewal

-	(1)	(2)	(3)
_		Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		<u> </u>
	Commercial		
3.	Liability Other Than Auto	\$408,432	-3.4%
4.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		
*	Dana filina anto anno ta acuta	i 4	
	Does filing only apply to certal Classes? If so,	in territory (territories) or	сепаіл
	•		
	specify: No No		
	Brief description of filing. (If fi	ling follows rates of an a	dvicon
	Organization, specify	ing follows rates of arra-	uvisory
	organization):	We are filing a new proprieta	ry Commercial General Liability rating plan.
	organization).	vic are ming a new proprieta	y commercial centeral Elability fatting plant.
	*Adjusted to reflect all prior ra	te changes.	
	**Change in Company's prem		t from application of new
	rates.		
	-	American Casualty	Company of Reading, PA
			me of Company

Krista Robinson, FCAS, Actuarial Director

## FORM (RF-3)

### **SUMMARY SHEET**

Change in Company's premiur	n or rate leve	I produced by ra	ate revision
effective 07/23/2014			

		<del></del>	
-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private	voidific (fillifols)	Change (101-)
••	Passenger	•	
	Commercial		
2	Automobile Physical Damag		
_	Private Passenger		•
	Commercial		
3.		152 120	1.4.4.07
3. 4.	Liability Other Than Auto	153,129	+4.1%
<del>4</del> . 5.	Burglary and Theft Glass	<del></del>	
5. 6.			
0. 7.	Fidelity		
7. 8.	Surety		
o. 9.	Boiler and Machinery Fire		
ອ. 10.	· ··· =		
10. 11.	Extended Coverage		
	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		
*	Does filing only apply to certai	n territory (territories) or	certain
	Classes? If so,		
	specify: No		•
	Brief description of filing. (If fil	ling follows rates of an ac	lvisory
	Organization, specify		,
	organization):	Filing revised rating pla	n for our Nonprofit Management
	Liability program. Revisions includ	e entity asset size modifiers,	deletion of subsidiary exposure.
	and addition of trade association co		
	*Adjusted to reflect all prior rat	te changes.	
	**Change in Company's premi	•	from application of new
	rates.		• •
		Carolina Casualty I	nsurance Company

Name of Company Joseph Shores - President, Monitor Liability Mgrs

### FORM (RF-3)

### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2015 new, 5/1/2015 renewal

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto	\$1,601,802	-3.4%
↓.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery	<del></del>	
). -	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners	<del></del>	
3.	Commercial Multi-Peril		
4.	Crop Hail	<u> </u>	
5.	Other		
	Life of Insurance		
*	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so,	, , ,	
	specify: No		
	Brief description of filing. (If fi	ling follows rates of an a	dvisory
	Organization, specify		·
	organization):	We are filing a new proprieta	ry Commercial General Liability rating plan
	*Adjusted to reflect all prior ra	•	
	**Change in Company's prem	iium level which will resu	It from application of new
	rates.	0 " 1.0	
		Continental Casua	<del></del>
			me of Company
		K FICTO LONINGON LI	O . OCTUBER LUCACION

## FORM (RF-3)

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2015 new, 5/1/2015 renewal

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	_	
	Passenger		
2	Commercial		
2	Automobile Physical Damag Private Passenger		•
	Commercial		
3.	Liability Other Than Auto	\$2,464,081	-3.4%
4.	Burglary and Theft	42,101,001	3.170
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	* · · · · · · · · · · · · · · · · · · ·	
14.	Crop Hail		
15.	Other		
	Life of Insurance		
*	Does filing only apply to certa	in territory (territories) or o	certain
	Classes? If so,	in torniory (torniorios) or t	oortan;
	specify: No		
	Brief description of filing. (If fi	ling follows rates of an ac	lvisory
	Organization, specify		
	organization):	We are filing a new proprietar	y Commercial General Liability rating plan.
	*Adjusted to reflect all prior ra		· Francis II II
	**Change in Company's prem	ium ievei wnich will result	from application of new
	rates.	Continental Insuran	ce Company
			ne of Company
			AS, Actuarial Director
			Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effecti 10-1-2014 New & 12-1-2014 Renewal

	(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance	67,493	() 98
Doe No		erritories) or certain classes? If so, specify	
We *Adj	are adding Home Health Care policy usted to reflect all prior rate changes.	ates of an advisory organization, specify o type to rule pages. No Iso rates or ru	les with this filing.
**Ch	nange in Company's premium level wh	ich will result from application of new rate	S.
		GuideOne America Insurance	e Company lame of Company
		Joseph Highbarger, FCAS, M	
		<del> </del>	Official - Title

### ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effecti 10-1-2014 New & 12-1-2014 Renewal (3) (1) (2) **Annual Premium** Percent Coverage Volume (Illinois)\* Change (+ or -)\*\* Automobile Liability Private Passenger Commercial Automobile Physical Damage 2. Private Passenger Commercial 3. 1,509,060 Liability Other Than Auto 0.1% 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety **Boiler and Machinery** 8. Fire 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adding Home Health Care policy type to rule pages. No Iso rates or rules with this filing. \*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new rates. GuideOne Elite Insurance

Name of Company Joseph Highbarger, FCAS, MAAA - AVP/Actuary Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effecti 10-1-2014 New & 12-1-2014 Renewal

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
11. 12. 13. 14.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other	2,575,716	0.1%
Doe No	Line of Insurance es filing only apply to certain territory (to	erritories) or certain classes? If so, s	pecify
	f description of filing. (If filing follows ra are adding Home Health Care policy		
	iusted to reflect all prior rate changes. nange in Company's premium level wh	ich will result from application of ne	w rates.
		GuideOne Mutual Inst	urance Name of Company
		Joseph Highbarger, F	CAS, MAAA - AVP/Actuary Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effecti 10-1-2014 New & 12-1-2014 Renewal

(1)	(2)	(3)	
	( )	Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	235,265	0.8%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		·
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (te	erritories) or certain classes? If so, speci	fy
No			
	-		
		ates of an advisory organization, specify	
We	are adding Home Health Care policy	type to rule pages. No Iso rates or r	ules with this filing.
	justed to reflect all prior rate changes.		
**C	hange in Company's premium level wh	ich will result from application of new rat	tes.
		GuideOne Specialty Mutua	I Insurance
			Name of Company
		Joseph Highbarger, FCAS,	MAAA - AVP/Actuary
			Official Title

# FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or	rate level produced by rate revision
effective November 1, 2014	

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	volume (minois)	_ Change (101-)
١.	Passenger		
	Commercial		
2	Automobile Physical Damag		
_	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto	1,406,490	2.30%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
*	Does filing only apply to certain Classes? If so, specify:  NA	n territory (territories) or	certain
	Brief description of filing. (If fi Organization, specify organization): the proposed \$500. The impact on our b	We are filing to raise our m	inimum premium from the current \$300 to
	*Adjusted to reflect all prior ra **Change in Company's prem rates.		It from application of new
		Iowa American Ins	surance Company
			me of Company
		Beverly Barber - Co	• •
			Official – Title

# FORM (RF-3)

# SUMMARY SHEET

Change in Company's premium or	rate level produced by rate revision
effective November 1, 2014	

-	(1)	(2) Annual Premium	(3) Percent		
~	Coverage	Volume (Illinois) *	Change (+or-) **		
1.	Automobile Liability Private		- <u>Gridings (101)</u>		
	Passenger				
	Commercial				
2	Automobile Physical Damag				
	Private Passenger				
	Commercial				
3.	Liability Other Than Auto	1,178,243	2.30%		
4.	Burglary and Theft				
5.	Glass .				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners		*		
13.	Commercial Multi-Peril				
14.	Crop Hail				
15.	Other				
	Line of Insurance		**************************************		
*	Does filing only apply to certain territory (territories) or certain  Classes? If so, specify:  NA				
	Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):  We are filing to raise our minimum premium from the current				
	\$300 to the proposed \$500. Impact on book of business will be 2.3% rate level increase.				
	*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.				
		Iowa Mutual Insurance Company			
			ne of Company		
		Beverly Barber - Co			
		(	Official – Title		

### FORM (RF-3)

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2015 new, 5/1/2015 renewal

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto	\$7,623,544	-3.4%
Burglary and Theft		
Glass		
Fidelity		<del></del>
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners	·	
Commercial Multi-Peril		
Crop Hail		
Other Life of Insurance		
Life of insurance		
Does filing only apply to certa Classes? If so,	in territory (territories) or	certain
specify: No No		
Brief description of filing. (If f	iling follows rates of an a	advisory
Organization, specify		
organization):	We are filing a new proprieta	ary Commercial General Liability rating p
*Adjusted to reflect all price as	ato changes	
*Adjusted to reflect all prior ra		ult from application of now
**Change in Company's prem	num level which will fesu	iit iioini application of new

National Fire Insurance Company of Hartford

Name of Company Krista Robinson, FCAS, Actuarial Director

### FORM (RF-3)

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2015 new, 5/1/2015 renewal

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Priva	te	
Passenger		
Commercial		
Automobile Physical Dam	nag	
Private Passenger		
Commercial		
Liability Other Than Auto	\$378,047	-3.4%
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		· · · · · · · · · · · · · · · · · · ·
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		•
Life of Insurance		
Does filing only apply to o	certain territory (territories) or	certain
specify: No		
Brief description of filing.	(If filing follows rates of an a	dvisory
Organization, specify		•
organization):	We are filing a new proprieta	ry Commercial General Liability rating plar
*Adjusted to reflect all pri		
	oremium level which will resu	It from application of new
rates.	_ ,	
	Transportation Ins	
	Na	me of Company

Krista Robinson, FCAS, Actuarial Director

### FORM (RF-3)

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2015 new, 5/1/2015 renewal.

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto	\$3,362,278	-3.4%
Burglary and Theft	<u> </u>	
Glass	<u> </u>	
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		*** - ********************************
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to certa Classes? If so, specify:  No	ain territory (territories) or	certain
Brief description of filing. (If	filing follows rates of an a	edvison
Organization, specify	iming follows rates or all a	10 V1301 y
organization):	We are filing a new proprieta	ary Commercial General Liability rating pla
5,ga., <u></u>		
*Adjusted to reflect all prior ra **Change in Company's pren rates:		ılt from application of new
Tates.	Valley Forge Insur	rance Company
		me of Company
		CAS, Actuarial Director